

Foster Family Home - Corrective Action Report

Provider ID: 1-577702

Home Name: Ofelia Mendez, CNA

Review ID: 1-577702-8

94-070 Poailani Circle

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 6/23/2021

Foster Family Home **Required Certificate** **[11-800-6]**

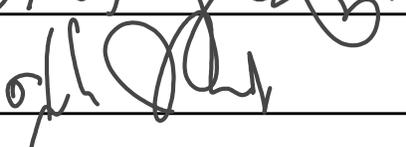
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1 Annual unannounced inspection made today. Completed annual review. No deficiencies.



Compliance Manager



Primary Care Giver

6/24/2021

Date

6-24-21

Date